Application Data Sheet

Application Information

Application Type:: Regular Subject Matter:: Utility

Suggested Classification:: Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD disks::

Number of Copies of CDs::

Sequence Submission?:: None

Computer Readable Form (CRF):: No

Number of copies of CRF:: 0

Title:: METAL MACHINING AND DRILLING

BITS

Attorney Docket Number:: 6002-1083

Request for Early Publication?:: No Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 3

Small Entity?:: Yes

Latin Name::

Variety Denomination Name::

Petition Included?:: No

Petition Type::

Licensed US Gov't Agency::
Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

| Applican | t I | nfo | rma | ti | on |
|----------|-----|-----|-----|----|----|
|----------|-----|-----|-----|----|----|

Applicant Authority Type::

Inventor

Primary Citizenship Country:: AUSTRALIA

Status::

Full Capacity

Given Name::

DAVID

Middle Name::

REES

Family Name::

MUGELI

Name Suffix::

City of Residence::

BOWEN

State or Province of

QUEENSLAND

Residence::

Country of Residence::

AUSTRALIA

Street of Mailing

65 LEICHARDT STREET

Address::

City of Mailing Address::

BOWEN

State or Province of Mailing Address::

QUEENSLAND

Country of Mailing Address::

AUSTRALIA

Postal or Zip Code of Mailing Address:: 4805

Correspondence Information

Correspondence Customer

00466

Number::

Representative Information

| Representative Customer | 00466 |
|-------------------------|-------|
| Number:: | |

Domestic Priority Information

| Application:: | Continuity | Parent | Parent Filing |
|------------------|-------------------|----------------|---------------|
| | Type:: | Application:: | Date:: |
| This application | National Stage of | PCT/AU03/01591 | 11/28/03 |
| | | | |

Foreign Priority Information

| Country:: | Application | Application Filing Date:: | |
|-----------|-------------|---------------------------|-----------|
| | Number:: | | Claimed:: |
| AUSTRALIA | 2002952999 | 11/29/02 | Yes |
| | | | |

Assignment Information

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::